

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P09283** (3)
1. Corporation Name
HOYT ADVISORY SERVICES, INC.



Principal Place of Business THE HOYT CENTER SUITE 300 760 US HWY ONE N. PALM BCH. FL 33408	Mailing Address THE HOYT CENTER SUITE 300 760 US HWY ONE N. PALM BCH. FL 33408-4419
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1986	3a. Date of Last Report 04/17/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 52-1442963		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent SELDIN, MAURY THE HOYT CENTER SUITE 300 760 US HWY ONE N. PALM BEACH FL 33408		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

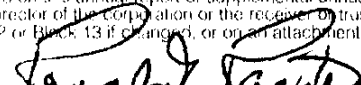
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SELDIN, MAURY	12 NAME	
STREET ADDRESS	5380 N OCEAN DR II-14J	13 STREET ADDRESS	
CITY- ST- ZIP	SINGER ISLAND FL 33404	14 CITY- ST- ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	RACSTER, RONALD L	22 NAME	
STREET ADDRESS	1775 COLLEGE RD	23 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH 43210	24 CITY- ST- ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, HALBERT C	32 NAME	
STREET ADDRESS	1650 NW 22ND CIRCLE	33 STREET ADDRESS	
CITY- ST- ZIP	GAINESVILLE FL 32605	34 CITY- ST- ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	HOWARD, THOMAS L	42 NAME	
STREET ADDRESS	801 PENNSYLVANIA AVE NW STE 800	43 STREET ADDRESS	
CITY- ST- ZIP	WASHINGTON DC 20004	44 CITY- ST- ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Ronald L. Racster** 3/11/97 561-694-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)